

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 223528 (1)

1. Corporation Name
THULLBERY CARETAKING INC



Principal Place of Business
3900 ALT. 27 SOUTH
LAKE WALES FL 33853

Mailing Address
3900 ALT. 27 SOUTH
LAKE WALES FL 33853-7416

3. Date Incorporated or Qualified 05/09/1959
3a. Date of Last Report 04/30/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 3900 Scenic Hwy S.		26 Thullbery Caretaking Inc		59-0848956		Not Applicable	
22 Lake Wales, FL		27 3900 Scenic Hwy S.		5. Certificate of Status Desired		87.75 Additional Fee Required	
23 33853 Polk		28 Lake Wales, FL		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24		29 33853-7416		30 Polk		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						Yes No	

9. Name and Address of Current Registered Agent
THULLBERY, FRANK M
3900 ALT 27 S
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THULLBERY, FRANK M	
STREET ADDRESS	3900 ALT. 27 SOUTH	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THULLBERY, CATHERINE D	
STREET ADDRESS	3900 ALT. 27 SOUTH	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAZLETT, JULIE T.	
STREET ADDRESS	706 AVE 'L' SE	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3900 Scenic Hwy S.
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3900 Scenic Hwy S
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank M. Thullbery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Feb 12, 97 Daytime Phone #: 941 6381143

CR2E034 (9/96)